LICENSED
SERVICES
AND
UTILIZATION
PROFILES

INSTRUCTIONS

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS: COMMUNITY AND FREE

REPORT PERIOD:
JANUARY 1, 1998 THROUGH DECEMBER 31, 1998

OFFICE OF STATEWIDE HEALTH PLANNING and DEVELOPMENT
ACCOUNTING AND REPORTING SYSTEMS SECTION
LICENSED SERVICES DATA AND COMPLIANCE UNIT
818 K STREET, ROOM 400
SACRAMENTO, CA 95814
(916) 322-7422 OR (916) 323-7685

INSTRUCTIONS
ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 1998
Community and Free

These are the instructions for completing the 1998 Annual Utilization Report of Primary Care Clinics. Additionally, it contains a glossary of terms used within the industry.

If any of the instructions are unclear, call the Office of Statewide Health Planning and Development, Accounting and Reporting Systems Section, Licensed Services Data and Compliance Unit, 916-322-7422 or 916-323-7685 and ask for the Edits Supervisor.

Do not combine data from other clinics.

PLEASE REMEMBER TO KEEP A COPY OF YOUR COMPLETED REPORT FOR YOUR RECORDS.

If you complete reports for more than one clinic, attach a memo to each one with a list of all clinic names.

NINE DIGIT IDENTIFICATION NUMBER - This number can be found on the white mailing label affixed to Page 1 of the Reporting Form.

LINE 3:   Enter the clinic's telephone number.

NOTE: Make sure that Page 1 has the Administrator's name and signature, the date signed, and the name, title, telephone and fax numbers of the person responsible for completing the report.

PAGE 2

A. DATES OF OPERATION:

COMPLETE THIS LINE ONLY IF YOUR FACILITY WAS DELICENSED (CLOSED), WENT INTO SUSPENSE, NEWLY OPENED OR CHANGED LICENSEE/OWNERSHIP DURING THE REPORTING YEAR.

LINE 1:

Column 1:   Enter the numbers 01/01 if the clinic was newly licensed or changed ownership on January 1 of the reporting year. If the clinic was licensed after January of the reporting year, enter the date the facility was licensed. **(See license for date first licensed.)**

Column 2:   If the clinic was de-licensed (closed) or in suspense before December 31 of the reporting year, enter the date of the de-licensure or suspense.

B. PATIENTS AND ENCOUNTERS:

LINE 19:

Column 1:   Enter the number of patients seen by the clinic during the calendar year. Count each patient **only once**.

Column 2:   Enter the number of encounters. (See definition in the Glossary.)

LINE 20:

Column 1:   Enter the number of Seasonal Agricultural and Migratory workers and their dependents seen by the clinic during the calendar year. Count each patient **only once**. These patients are also included on Line 19, Column 1. (See definition of Seasonal Agricultural and Migratory worker and dependent in Glossary.)

Column 2: Enter the number of encounters for seasonal agricultural and migratory workers and their dependents. These encounters are also included on Line 19, column 2.

LINE 21: Enter the number of volunteers (non-salaried personnel) the clinic used during the calendar year.

LINE 22: Enter a "1" if the clinic is a federal 95-210 clinic. A 95-210 clinic is a federally-funded, fixed-rate, rural program.

LINE 23: Enter a "1" if the clinic is a FQHC clinic. A FQHC clinic is a federally and state-funded Primary Care Clinic with a Global Rate Reimbursement by the Medicare and/or Medi-Cal Programs.

LINE 24: Enter a "1" if the clinic is a FQHC "*look-alike*" clinic. A FQHC "look-alike" is a clinic that meets the statutory requirements for this program, but does not receive grant funding.

LINE 25: Enter a "1" if the clinic provided medical support to a school system (school system means grades K through 12).

LINE 26: Enter a "1" if the clinic has a written agreement with an agency to provide or arrange for health care services.

PAGE 3

MAJOR CAPITAL EXPENDITURES

Assembly Bill 517 (Statutes of 1984) mandates the completion of this page. It measures the effects of Certificate of Need (CON) deregulation. If you are reporting equipment and/or major capital projects, you must specify the project number issued by the Office of Statewide Health Planning and Development's (OSHPD) Facilities Development Division.

Before completing this section, contact the person in the clinic who is responsible for building/construction projects. **DO NOT LIST A PROJECT UNLESS THE CLINIC HAS AN OSHPD PROJECT NUMBER.**

TABLE A: DIAGNOSTIC/THERAPEUTIC EQUIPMENT AQUIRED

LINE 2:

Column 1: Enter the market value (purchase price) of each piece of Diagnostic or Therapeutic Equipment acquired during the reporting year at a cost over $500,000.

Column 2: Enter the eight character AlphaNumeric OSHPD Number. Enter **ONLY** those numbers with the prefixes of **ES97, ES98, EL97, EL98, EF97** or **EF98** (Example: **EL970001**).

Column 3: Enter the acquisition date (date purchased).

Column 4: Enter the number that corresponds to the means of acquisition. (1= purchased, 2= leased, 3= donated, 4= other).

NOTE: If additional space is needed, attach another sheet, use the format in Table A and reference it as Page 3, Line 5.

TABLE B: PROJECTS OVER $1,000,000 COMMENCED DURING THE CALENDAR YEAR

NOTE: "Commenced" means that drawings and outline specifications were submitted to OSHPD, Division of Facilities Development and Finance.

The cost of the project (estimated or final) shall include all costs associated with the project **EXCEPT** the following:

1. Architectural, Engineering, and related fees.
2. Off-site work.
3. Landscaping and irrigation systems.

LINES 21 and 22:

Column 1: Enter the cost of any building project(s) the clinic began during the calendar year that has/have an estimated cost over $1,000,000. If the cost is unclear call OSHPD's, Facilities Development Division and request the cost.

Column 2: Enter the eight character AlphaNumeric **OSHPD** Project Number. Enter **ONLY** those numbers with the following alphanumeric prefixes. **ES97, ES98, EL97, EL98, EF97,** or **EF98** (Example: EL970001).

NOTE: If additional space is needed, attach another sheet, use the format in Table B and reference it as Page 3, Line 23.

TABLE C: LICENSED OR CERTIFIED PRIMARY CARE PRACTITIONERS

NOTE: These are clinical based FTEs, and 2,080 hours equals one FTE.

LINE 23: Enter the number of full time equivalent *PHYSICIANS* providing care in the clinic.

LINE 24: Enter the number of full time equivalent *PHYSICIAN ASSISTANTS* providing care in the clinic.

LINE 25: Enter the number of full time equivalent *FAMILY NURSE PRACTITIONERS* providing care in the clinic.

LINE 26: Enter the number of full time equivalent *CERTIFIED NURSE MIDWIVES* providing care in the clinic.

LINE 27: Enter the number of full time equivalent *HOME HEALTH NURSES OR VISITING NURSES* providing care in the clinic.

LINE 28: Enter the number of full time equivalent *DENTISTS* providing care in the clinic.

PAGE 4

TABLE D: SERVICE DELIVERY AND NUMBER OF ENCOUNTERS BY PROVIDERS

Refer to Glossary, for definition of an encounter.

A: GENERAL MEDICAL SERVICES: Acute and chronic diseases or conditions.

LINE 1: GENERAL MEDICAL SERVICES FOR ADULTS (AGE 20 +)

Column 1: Enter the number of encounters with patients age 20 years and older by Physician Providers (MD and DO).

Column 2: Enter the number of encounters with patients age 20 years and older by Mid-level practitioners. A mid-level practitioner refers to Physician's Assistant, Certified Nurse-Midwife or Nurse Practitioner and Medical Nurses (Home Health Nurse, Visiting Nurse, Clinical Nurse Specialist and Registered Nurse).

Column 3: Enter the number of encounters provided by "Other Providers." "Other Providers" refer to personal other than medical service and dental service personnel. See Attachment A, page 30.

LINE 2: GENERAL MEDICAL SERVICES FOR ADOLESCENTS (AGE 13-19)

Column 1: Enter the number of encounters by "Physician Providers."

Column 2: Enter the number of encounters by "Mid-Level Providers."

Column 3: Enter the number of encounters by "Other Providers."

LINE 3: GENERAL MEDICAL SERVICES FOR PEDIATRICS (AGE 0-12).

Column 1: Enter the number of encounters by "Physician Providers."

Column 2:   Enter the number of encounters by "Mid-Level Providers."

Column 3:   Enter the number of encounters by "Other Providers."

B.   **PREVENTIVE ADULT HEALTH SERVICES:** Services provided to patients 20 years and older for the detection of diseases that are not specifically known, or for the administration of services, which reduce the probability of illness or debilitating physical conditions.

    LINE 4: PERINATAL SERVICES: Perinatal Services encounters include services and provisions of care during pregnancy, postpartum periods, and up to six weeks after birth.

        Column 1:   Enter the number of Perinatal Service encounters with patients 20 years and older by "Physician Providers."

        Column 2:   Enter the number of Perinatal Service encounters with patients 20 years and older by "Mid-Level Providers."

        Column 3:   Enter the number of Perinatal Service encounters with patients 20 years and older by "Other Providers."

        Column 4:   Enter the number of Perinatal Service encounters with patients 20 years and older by "Dental Providers." Dental Providers refers to dental service personnel including Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

    LINE 5: PUBLIC HEALTH SERVICES: Public Health Services are synonymous with County Health Services. Public Health Services are provided to individuals or groups where the specific purpose of the services is to protect or improve the health of the public. Examples include: immunizations against communicable diseases, health and dental screening where the deterioration of the patient could lead to significant public costs. Do not include sexually transmitted diseases (STD's) screening in this category.

        Column 1:   Enter the number of Public Health Service encounters with patients 20 years and older by "Physician Providers."

        Column 2:   Enter the number of Public Health Service encounters with patients 20 years and older by "Mid-Level Providers."

        Column 3:   Enter the number of Public Health Service encounters with patients 20 years and older by "Other Providers."

        Column 4:   Enter the number of Public Health Service encounters with patients 20 years and older by "Dental Providers."

    LINE 6: ALL OTHER PREVENTIVE SERVICES: The monitoring, control, and education about specific health conditions, such as diabetes, hypertension, glaucoma, obesity, cholesterol, etc.

Column 1: Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Physician Providers."

Column 2: Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Mid-Level Providers."

Column 3: Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Other Providers."

Column 4: Enter the number of All Other Preventive Service encounters with patients 20 years and older by "Dental Providers."

C. PREVENTIVE ADOLESCENT HEALTH SERVICES: Services provided to patients aged 13 through 19 years for the detection of diseases that are not specifically known, or for the administration of services, which reduce the probability of illness or debilitating physical conditions.

LINE 7: PERINATAL SERVICES: Perinatal Services encounters include services and provisions of care during pregnancy, postpartum periods, and up to six weeks after birth.

Column 1: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Physician Providers."

Column 2: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Mid-Level Providers."

Column 3: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Other Providers."

Column 4: Enter the number of Perinatal Service encounters with patients aged 13 through 19 by "Dental Providers." Dental Providers refers to dental service personnel including Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

LINE 8: PUBLIC HEALTH SERVICES: Public Health Services are synonymous with County Health Services. They are to individuals or groups where the specific purpose of the services is to protect or improve the health of the public. Examples include: immunizations against communicable diseases, health and dental screening where the deterioration of the patient could lead to significant public costs. Do not include sexually transmitted diseases (STDs) screening in this category.

Column 1: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Physician Providers."

Column 2: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Mid-Level Providers."

Column 3: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Other Providers."

Column 4: Enter the number of Public Health Service encounters with patients aged 13 through 19 by "Dental Providers."

LINE 9: ALL OTHER PREVENTIVE SERVICES: The monitoring, control, and education about specific health conditions, such as diabetes, hypertension, glaucoma, obesity, cholesterol, etc.

Column 1: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Physician Providers."

Column 2: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Mid-Level Providers."

Column 3: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Other Providers."

Column 4: Enter the number of All Other Preventive Service encounters with patients aged 13 through 19 by "Dental Providers."

D. PREVENTIVE PEDIATRIC HEALTH SERVICES: Services provided to patients from birth through 12 years old for the detection of diseases that are not specifically known, or for the administration of services, which reduce the probability of illness or debilitating physical conditions.

LINE 10: PERINATAL SERVICES: Perinatal Services encounters include services and provisions of care during pregnancy, postpartum periods, and up to six weeks after birth.

Column 1: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Physician Providers."

Column 2: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Mid-Level Providers."

Column 3: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Other Providers."

Column 4: Enter the number of Perinatal Service encounters with patients from birth through 12 years old by "Dental Providers." Dental Providers refers to dental service personnel including Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

LINE 11: PUBLIC HEALTH SERVICES: Public Health Services are synonymous with County Health Services. They are to individuals or groups where the specific purpose of the services is to protect or improve the health of the public. Examples include: immunizations against communicable diseases, health and dental screening where the deterioration of the patient could lead to significant public costs. Do not include sexually transmitted diseases (STD's) screening in this category.

Column 1: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Physician Providers."

Column 2: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Mid-Level Providers."

Column 3: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Other Providers."

Column 4: Enter the number of Public Health Service encounters with patients from birth through 12 years old by "Dental Providers."

LINE 12: ALL OTHER PREVENTIVE SERVICES: The monitoring, control, and education about specific health conditions, such as diabetes, hypertension, glaucoma, obesity, cholesterol, etc.

Column 1: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Physician Providers."

Column 2: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Mid-Level Providers."

Column 3: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Other Providers."

Column 4: Enter the number of All Other Preventive Service encounters with patients from birth through 12 years old by "Dental Providers."

E. FAMILY PLANNING SERVICES: Family Planning Services include contraceptive services for males and females, sterilization services for males and females, infertility services, and initial and/or annual medical exams.

LINE 13: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of Family Planning Service encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Family Planning Service encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Family Planning Service encounters with adult patients by "Other Providers."

LINE 14:   ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Family Planning Service encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Family Planning Service encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Family Planning Service encounters with adolescent patients by "Other Providers."

LINE 15:   PEDIATRICS - Patients through age 12

Column 1: Enter the number of Family Planning Service encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Family Planning Service encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Family Planning Service encounters with pediatric patients by "Other Providers."

F.   ABORTIONS: The induced termination of a pregnancy. **The office does not publish abortion data.**

LINE 16:   ADULTS - Patients aged 20 years and older

Column 1: Enter the number of abortions by "Physician Providers."

Column 2: Enter the number of abortions by "Mid Level Providers."

Column 3: Enter the number of abortions by "Other Providers."

LINE 17:   ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of abortions by "Physician Providers."

Column 2: Enter the number of abortions by "Mid Level Providers."

Column 3: Enter the number of abortions by "Other Providers."

LINE 18:   PEDIATRICS - Patients through age 12

Column 1: Enter the number of abortions by "Physician Providers."

Column 2: Enter the number of abortions by "Mid-Level Providers."

Column 3: Enter the number of abortions by "Other Providers."

G. **SEXUALLY TRANSMITTED DISEASES (STDs) (excluding HIV):** Include testing, screening, counseling, and treatment of **STDs** (other than **HIV**).

LINE 19:   ADULTS - Patients aged 20 years and older

Column 1: Enter the number of encounters with adult patients by "Physician Providers."

Column 2: Enter the number of encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with adult patients by "Other Providers."

LINE 20:   ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with adolescent patients by "Other Providers."

LINE 21:   PEDIATRICS - Patients through age 12

Column 1: Enter the number of encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with pediatric patients by "Other Providers."

LINE 60:   TOTAL

Columns 1 - 4: Enter the totals of lines 1 - 21. **(Enter here and on Page 6, Line 60).**

H. **Maternity Care/Delivery Services - Adult - Patients aged 20 years and older**

LINE 22:   Prenatal

Column 1: Enter the number of encounters with adult patients by "Physician Providers."

Column 2: Enter the number of encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with adult patients by "Other Providers."

Column 4: Enter the number of encounters with adult patients by "Dental Providers."

LINE 23:   Total Live Births - **Onsite**

> **Column 1:**   Enter the number of live births by adult patients and delivered onsite by "Physician Providers."
>
> **Column 2:**   Enter the number of live births by adult patients and delivered onsite by Mid-Level Providers."
>
> **Column 3:**   Enter the number of live births by adult patients and delivered onsite "Other Providers."

LINE 24:   Live Births 1500 - **2500 Grams** - **Onsite**

> *NOTE: These encounters should be included in line 23 and NOT included in the total on line 59.*
>
> **Column 1:**   Enter the number of live births, weighing 1500 through 2500 grams, by adult patients and delivered onsite by "Physician Providers."
>
> **Column 2:**   Enter the number of live births, weighing 1500 through 2500 grams, by adult patients and delivered onsite by "Mid-Level Providers."
>
> **Column 3:**   Enter the number of live births, weighing 1500 through 2500 grams, by adult patients and delivered onsite by "Other Providers."

LINE 25:   Live Births less than 1500 Grams - **Onsite**

> *NOTE: These encounters should be included in line 23 and NOT included in the total on line 59.*
>
> **Column 1:**   Enter the number of live births, weighing less than 1500 grams, by adult patients and delivered onsite by "Physician Providers."
>
> **Column 2:**   Enter the number of live births, weighing less than 1500 grams, by adult patients and delivered onsite by "Mid-Level Providers."
>
> **Column 3:**   Enter the number of live births, weighing less than 1500 grams, by adult patients and delivered onsite by "Other Providers."

I.   Maternity Care/Delivery Services – Adolescent - Patients aged 13 through 19

LINE 26:   Prenatal

Column 1:   Enter the number of encounters with adolescent patients by "Physician Providers."

Column 2:   Enter the number of encounters with adolescent patients by "Mid-Level Providers."

Column 3:   Enter the number of encounters with adolescent patients by "Other Providers."

Column 4:   Enter the number of encounters with adolescent patients by "Dental Providers."

LINE 27:   Total Live Births - Onsite

Column 1:   Enter the number of live births by adolescent patients and delivered onsite by "Physician Providers."

Column 2:   Enter the number of live births by adolescent patients and delivered onsite by "Mid-Level Providers."

Column 3:   Enter the number of live births by adolescent patients and delivered onsite by "Other Providers."

LINE 28:   Live Births 1500 - 2500 Grams - Onsite

> *NOTE: These encounters should be included in line 27 and not included in the total on line 59.*

Column 1:   Enter the number of live births, weighing 1500 through 2500 grams, by adolescent patients and delivered onsite by "Physician Providers."

Column 2:   Enter the number of live births, weighing 1500 through 2500 grams, by adolescent patients and delivered onsite by "Mid-Level Providers."

Column 3:   Enter the number of live births, weighing 1500 through 2500 grams, by adolescent patients and delivered onsite by "Other Providers."

LINE 29:   Live Births less than 1500 Grams – Onsite

> *NOTE: These encounters should be included in line 27 and NOT included in the total on line 59.*

Column 1:   Enter the number of live births, weighing less than 1500 grams, by adolescent patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births, weighing less than 1500 grams, by adolescent patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births, weighing less than 1500 grams, by adolescent patients and delivered onsite by "Other Providers."

J. Maternity Care/Delivery Services - PEDIATRICS - Patients through age 12

LINE 30: Prenatal

Column 1: Enter the number of encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of encounters with pediatric patients by "Other Providers."

Column 4: Enter the number of encounters with pediatric patients by "Dental Providers."

LINE 31: Total Live Births - Onsite

Column 1: Enter the number of live births by pediatric patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births by pediatric patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births by pediatric patients and delivered onsite by "Other Providers."

LINE 32: Live Births 1500 - 2500 Grams – Onsite

> *NOTE: These encounters should be included in line 31 and NOT included in the total on line 59.*

Column 1: Enter the number of live births, weighing 1500 through 2500 grams, by pediatric patients and delivered onsite by "Physician Providers."

Column 2: Enter the number of live births, weighing 1500 through 2500 grams, by pediatric patients and delivered onsite by "Mid-Level Providers."

Column 3: Enter the number of live births, weighing 1500 through 2500 grams, by pediatric patients and delivered onsite by "Other Providers."

LINE 33:   Live Births less than 1500 Grams – Onsite

> *NOTE: These encounters should be included in line 31 and NOT included in the total on line 59.*

Column 1:   Enter the number of live births, weighing less than 1500 grams, by pediatric patients and delivered onsite by "Physician Providers."

Column 2:   Enter the number of live births, weighing less than 1500 grams, by pediatric patients and delivered onsite by "Mid-Level Providers."

Column 3:   Enter the number of live births, weighing less than 1500 grams, by pediatric patients and delivered onsite by "Other Providers."

K.   HIV SERVICES - **ADULT** - **Patients aged 20 years and older**

LINE 34:   Testing: Refers to blood draws and includes any pretest counseling interviews held during the encounter. The testing encounters do not have to match the counseling encounters.

Column 1:   Enter the number of HIV testing encounters with adult patients by "Physician Providers."

Column 2:   Enter the number of HIV testing encounters with adult patients by "Mid-Level Providers."

Column 3:   Enter the number of HIV testing encounters with adult patients by "Other Providers."

LINE 35:   Counseling: Refers to post-test counseling, e.g., post-test seronegative session and the post-test seropositive session, etc. Do not include counseling that is part of the testing process. The testing encounters do not have to match the counseling encounters.

Column 1:   Enter the number of HIV counseling encounters with adult patients by "Physician Providers."

Column 2:   Enter the number of HIV counseling encounters with adult patients by "Mid-Level Providers."

Column 3:   Enter the number of HIV counseling encounters with adult patients by "Other Providers."

L. HIV SERVICES - ADOLESCENTS - Patients aged 13 through 19

LINE 36: **Testing:** Refers to blood draws and includes any Pretest counseling interviews held during the encounter. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV testing encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of HIV testing encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of HIV testing encounters with adolescent patients by "Other Providers."

LINE 37: **Counseling:** Refers to post-test counseling, e.g., post-test seronegative session and the post-test seropositive session, etc. Do not include counseling that is part of the testing process. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV counseling encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of HIV counseling encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of HIV counseling encounters with adolescent patients by "Other Providers."

M. HIV SERVICES - PEDIATRICS - Patients through age 12

LINE 38: **Testing:** Refers to blood draws and includes any Pretest counseling interviews held during the encounter. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV testing encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of HIV testing encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of HIV testing encounters with pediatric patients by "Other Providers."

LINE 39: **Counseling** Refers to post-test counseling, e.g., post-test seronegative session and the post-test seropositive session, etc. Do not include counseling that is part of the testing process. The testing encounters do not have to match the counseling encounters.

Column 1: Enter the number of HIV counseling encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of HIV counseling encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of HIV counseling encounters with pediatric patients by "Other Providers."

N.   SUBSTANCE ABUSE (Alcohol and Drug): Services involving alcohol and drug abuse, such as counseling, education, evaluation, and treatment, etc.

LINE 40:   ADULTS - Patients aged 20 years or older

Column 1: Enter the number of Substance Abuse encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Substance Abuse encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Substance Abuse encounters with adult patients by "Other Providers."

LINE 41:   ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Substance Abuse encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Substance Abuse encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Substance Abuse encounters with adolescent patients by "Other Providers."

LINE 42:   PEDIATRICS - Patients through age 12

Column 1: Enter the number of Substance Abuse encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Substance Abuse encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Substance Abuse encounters with pediatric patients by "Other Providers."

LINE 59: TOTAL

> **Columns 1 - 4:** Enter the totals of lines 22, 23, 26, 27, 30, 31, and 34 through 42. **(Enter here and on Page 6 , Line 59).**

O. TOBACCO CESSATION/EDUCATION: Including group support programs if each group member receives a chart entry.

LINE 43: ADULTS - **Patients aged 20 years and older**

> **Column 1:** Enter the number of Tobacco Cessation/Education encounters with adult patients by "Physician Providers."
>
> **Column 2:** Enter the number of Tobacco Cessation/Education encounters with adult patients by "Mid-Level Providers."
>
> **Column 3:** Enter the number of Tobacco Cessation/Education encounters with adult patients by "Other Providers."

LINE 44: ADOLESCENTS - **Patients aged 13 through 19**

> **Column 1:** Enter the number of Tobacco Cessation/Education encounters with adolescent patients by "Physician Providers."
>
> **Column 2:** Enter the number of Tobacco Cessation/Education encounters with adolescent patients by "Mid-Level Providers."
>
> **Column 3:** Enter the number of Tobacco Cessation/Education encounters with adolescent patients by "Other Providers."

LINE 45: PEDIATRICS - **Patients through age 12**

> **Column 1:** Enter the number of Tobacco Cessation/Education encounters with pediatric patients by "Physician Providers."
>
> **Column 2:** Enter the number of Tobacco Cessation/Education encounters with pediatric patients by "Mid-Level Providers."
>
> **Column 3:** Enter the number of Tobacco Cessation/Education encounters with pediatric patients by "Other Providers."

P. DENTAL SERVICES: Dental providers refer to dental services personnel. Examples include: Dentist, Oral Surgeon, Dental Hygienist, Periodontist, etc.

LINE 46: ADULTS

Column 4: Enter the number of Dental encounters for patients 20 years of age and older.

LINE 47: ADOLESCENTS

Column 4: Enter the number of Dental encounters for patients aged 13 - 19.

LINE 48: PEDIATRICS

Column 4: Enter the number of Dental encounters for patients aged 0 - 12.

Q. REHABILITATION SERVICES: Including Occupational Therapy, Physical Therapy, and Speech Therapy Visits.

LINE 49: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of Rehabilitation Service encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Rehabilitation Service encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Rehabilitation Service encounters with adult patients by "Other Providers."

LINE 50: ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Rehabilitation Service encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Rehabilitation Service encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Rehabilitation Service encounters with adolescent patients by "Other Providers."

LINE 51: PEDIATRICS - Patients through age 12

Column 1: Enter the number of Rehabilitation Service encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Rehabilitation Service encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Rehabilitation Service encounters with pediatric patients by "Other Providers."

R. MENTAL HEALTH SERVICES: Services of a Psychological, Sociopsychologic, or Crisis-intervention Nature.

LINE 52: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of Mental Health Service encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Mental Health Service encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Mental Health Service encounters with adult patients by "Other Providers."

LINE 53:   ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Mental Health Service encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Mental Health Service encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Mental Health Service encounters with adolescent patients by "Other Providers."

LINE 54: PEDIATRICS - Patients through age 12

Column 1: Enter the number of Mental Health Service encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Mental Health Service encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Mental Health Service encounters with pediatric patients by "Other Providers."

S. OTHER HEALTH SERVICES: Any service not listed on Lines 1 through 54.

LINE 55: ADULTS - Patients aged 20 years and older

Column 1: Enter the number of Other Health Service encounters with adult patients by "Physician Providers."

Column 2: Enter the number of Other Health Service encounters with adult patients by "Mid-Level Providers."

Column 3: Enter the number of Other Health Service encounters with adult patients by "Other Providers."

LINE 56: ADOLESCENTS - Patients aged 13 through 19

Column 1: Enter the number of Other Health Service encounters with adolescent patients by "Physician Providers."

Column 2: Enter the number of Other Health Service encounters with adolescent patients by "Mid-Level Providers."

Column 3: Enter the number of Other Health Service encounters with adolescent patients by "Other Providers."

LINE 57: PEDIATRICS - Patients through age 12

Column 1: Enter the number of Other Health Service encounters with pediatric patients by "Physician Providers."

Column 2: Enter the number of Other Health Service encounters with pediatric patients by "Mid-Level Providers."

Column 3: Enter the number of Other Health Service encounters with pediatric patients by "Other Providers."

LINE 58: TOTAL PAGE 6

Column 1: Enter the sum of Page 6, Lines 43 through 57, Column 1 only.

Column 2: Enter the sum of Page 6, Lines 43 through 57, Column 2 only.

Column 3: Enter the sum of Page 6, Lines 43 through 57, Column 3 only.

Column 4: Enter the sum of Page 6, Lines 43 through 57, Column 4 only.

LINE 59: TOTAL PAGE 5

Column 1: Enter the sum of Page 5, Column 1 only.

Column 2: Enter the sum of Page 5, Column 2 only.

Column 3: Enter the sum of Page 5, Column 3 only.

Column 4: Enter the sum of Page 5, Column 4 only.

LINE 60: TOTAL PAGE 4

Column 1: Enter the sum of Page 4, Lines 1 through 21, Column 1 only.

Column 2: Enter the sum of Page 4, Lines 1 through 21, Column 2 only.

Column 3: Enter the sum of Page 4, Lines 1 through 21, Column 3 only.

Column 4: Enter the sum of Page 4, Lines 1 through 21, Column 4 only.

LINE 61: GRAND TOTAL PAGES 4, 5 and 6

Column 1: Enter the sum of Page 6, Lines 58 through 60, Column 1 only.

Column 2: Enter the sum of Page 6, Lines 58 through 60, Column 2 only.

Column 3: Enter the sum of Page 6, Lines 58 through 60, Column 3 only.

Column 4: Enter the sum of Page 6, Lines 58 through 60, Column 4 only.

Please Note: The sum of the encounters on Line 61, Columns 1 through 4 must equal the number of encounters on Page 2, Line 19, Column 2.

PAGE 7

FINANCIAL & UTILIZATION DATA (CALENDAR YEAR ONLY)

NOTE: Please read the explanations at the bottom of Page 7 of the report.

Revenue data refers to "Fee for Service." Do not combine/duplicate monies reported on this page with institutional support reported on Page 8, Table G. If you are unsure, please call!

   DO NOT WRITE IN THE SHADED AREAS.

   DO NOT ENTER NEGATIVE NUMBERS in any columns.

TABLE E: FINANCIAL AND UTILIZATION DATA FOR CALENDAR YEAR

Column 1: NUMBER OF PATIENTS:

LINES 1-14:
Enter the number of patients for each payer source. Count each patient only once for each payer. If a patient has more than one payer source, use the payer that made the largest payment.

LINE 15:
Enter the sum of Lines 1 through 14.

Column 2: NUMBER OF ENCOUNTERS:

LINES 1-14:
Enter the number of encounters for each payer. The definition of an encounter for this table is the same as the definition as used on Page 2, Line 19, Column 2.

LINE 15: TOTAL:
Enter the sum of Lines 1 through 14.

Column 3: CHARGES: 100% RATE

LINES 1-14:
Enter the charges for each payer. This is the full clinic rate without discounts or adjustments. Column 4, (Collections) plus Column 5, (write-offs) must add to the entries in Column 3.

LINE 15: TOTAL:
Enter the sum of Lines 1 through 14.

Column 4: REVENUES:

LINES 1-14:
Enter the total revenues, BILLED and COLLECTED, from each payer. These entries are based on the accrual method of accounting.

LINE 15: TOTAL:
Enter the sum of Lines 1 through 14. Transfer this number to Page 8, Line 10, Column 3, as **NET PATIENT REVENUE.**

Column 5: WRITE-OFFS/ADJUSTMENTS:

LINES 1-14:
Enter the amount of write-offs/adjustments taken during the reporting year. This includes sliding fee scale write-offs, free or complementary services and contractual adjustments.

LINE 15: TOTAL:
Enter the sum of Lines 1 through 14.

Columns 6, 7, and 8:

    THESE COLUMNS ARE THE BREAKOUT OF THE WRITE OFFS/ADJUSTMENTS IN COLUMN 5.

Column 6: SLIDING FEE SCALE WRITE-OFFS

    LINES 1-14:
    Enter the amount of sliding fee write-offs for each payer. A sliding fee adjustment is the amount the full or 100% clinic charge is reduced based on the Income Poverty Guidelines and a patient's family income and size.

    LINE 15: TOTAL:
    Enter the sum of Lines 1 through 14.

Column 7: FREE/COMPLEMENTARY WRITE-OFFS

    LINES 1-14:
    Enter the amount of free or complimentary services provided during the reporting year. Free clinics cannot charge, their services are free/complementary.

    LINE 15: TOTAL:
    Enter the sum of Lines 1 through 14.

Column 8: CONTRACTUAL ADJUSTMENTS

    LINES 1-14:
    Enter the amount of contractual adjustments allowed during the reporting year. This is the difference between the clinics 100% or full rate and the amount the clinic has agreed to accept as payment in full.

    LINE 15: TOTAL:
    Enter the sum of lines 1 through 14.

Column 9: BAD DEBTS

    LINE 11:
    Enter the amount of bad debts during the reporting year. This includes nonpayment of co-payments**.**

    LINE 15: TOTAL:
    Enter the sum of Line 11.

COMPUTATION OF OPERATING COSTS

TABLE F: ANNUAL OPERATING COSTS (Expenses)
The direct cost incurred in providing care to patients. Included in operating costs are: salaries and wages, employee benefits, supplies, professional fees, advertising costs, equipment purchase/maintenance, and overhead.

LINE 1:   Enter the amount of salaries, wages and benefits paid by the clinic.

LINE 2:   Enter the amount of Office Supplies purchased by the clinic.

LINE 3:   Enter the amount of Medical/Dental Supplies purchased by the clinic.

LINE 4:   Enter the amount of Rent or Mortgage Payments.

LINE 5:   Enter the amount of Utilities paid by the clinic.

LINE 6:   Enter the amount of all "other" operating expenses paid by the clinic. If your "other" operating expenses exceed 10% of total Operating Costs (Line 7), please specify to the right of the Table.

LINE 7:   Enter the sum of Lines 1 through 6. (Transfer this number to Line 20, Column 3 below).

TABLE G: COMPUTATION OF NET OPERATING REVENUE

LINE 10, Column 3: NET PATIENT REVENUE:
Enter the number shown on Page 7, Line 15, Column 4.

A.   INSTITUTIONAL SUPPORT: Include all revenue received by the clinic except fee-for service revenue shown on Page 7.

LINE 12: FEDERAL:

Column 1:   CONTRACT:
Enter the amount of revenue received from federal contracts

Column 2:   GRANT:
Enter the amount of revenue received through federal grants. The term as used for this report, means **GRANT-IN-AID**; The disbursement of funds to support an undertaking such as Program Development, Research, and General Education.

Column 3:   TOTAL:
Enter the sum of Columns 1 and 2.

LINE 13:   STATE:

Column 1:   CONTRACT:
Enter the amount of revenue received from State contracts. Example: Rural Health, Farm Workers, and Indian Health Contracts through the Department of Health Services.

Column 2:   GRANT:
Enter the revenue received through State grants. The term as used in this situation means **GRANT-IN-AID.**

Column 3:   TOTAL:
Enter the sum of Columns 1 and 2.

LINE 14:   COUNTY:

Column 1:   CONTRACT:
Enter the amount of revenue received from County contracts.

Column 2:   GRANT:
Enter the amount of revenue received from County grants.
Column 3:   TOTAL:
Enter the sum of Columns 1 and 2.

LINE 15:   LOCAL (CITY OR DISTRICT):

Column 1:   CONTRACT:
Enter the amount of revenue received from local contracts.

Column 2:   GRANT:
Enter the amount of revenue received from local grants.

Column 3:   TOTAL:
Enter the sum of Columns 1 and 2.

LINE 16:   PRIVATE/OTHER:

Column 1:   CONTRACT:
Enter the amount of revenue received from private/other contracts.

Column 2:   GRANT:
Enter the amount of revenue received from private/other grants.

Column 3:   TOTAL:
Enter the sum of Columns 1 and 2.

LINE 17:   HEALTH MAINTENANCE ORGANIZATIONS (HMO):

Columns 1 and 2: NO ENTRY

Column 3:
Enter the amount of revenue received from HMOs.

LINE 18:   DONATIONS/CONTRIBUTIONS:

Columns 1 and 2: NO ENTRY

Column 3:
Enter the amount of revenue received through contributions/donations.

LINE 19:   TOTAL OPERATING REVENUE:

Columns 1 and 2: NO ENTRY

Column 3:
Enter the sum of Line 10 and Lines 12-18, Column 3.

LINE 20:   TOTAL OPERATING EXPENSES:

Columns 1 and 2: NO ENTRY

Column 3:
Enter the amount reported as Total Operating Costs on Line 7, Table F.

LINE 21:   NET FROM OPERATIONS:

Columns 1 and 2: NO ENTRY

Column 3:   Subtract Line 20 from Line 19 and enter the difference.

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TABLE H: OTHER COMMUNITY SERVICES PROVIDED

LINES 1-14:
Enter the number of contacts for each of the categories listed. Contacts <u>are not</u> encounters, they are face to face meetings between clinic staff and patients and other people that the clinic served or reached in some manner.

TABLE I: LANGUAGES SPOKEN BY CLINIC STAFF (OTHER THAN ENGLISH)

LINE 15:

Enter the number 1 if the clinic staff includes Bilingual or Multilingual personnel. If you answered 1 (Yes), you must complete the table below.

LINES 16-30:

Enter the number 1 (Yes) for each language spoken by clinic staff. This includes both paid and voluntary staff.

LINE 31:

"Other".   Enter the number 1 (yes) if other languages are spoken by clinic staff.

PATIENT PROFILE

LINE 41:   Enter the percentage of your patient population that does **NOT** speak English **DO NOT USE DECIMALS!**

LINE 42:   Enter the number from Table I, that indicates the primary language spoken by your patient population.

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TABLE J.   ADDITIONAL SERVICE INFORMATION

LINE 3:   **REPORTABLE COMMUNICABLE DISEASES:** Enter the number of reportable communicable diseases for the calendar year. Use the number reported to the County Health Department. Please see Attachment B for a complete list of reportable communicable diseases as defined by Title 17, Section 2500.

LINE 4:   **IMMUNIZATIONS:** Enter the number of immunizations given both on and off site during the calendar year.

LINE 5:   **CHDP ASSESSMENTS: Enter** the number of Child Health and Disability Prevention Program assessments performed by your clinic during the calendar year. CHDP ASSESSMENTS are examinations or screenings for the purpose of detecting or preventing disease and disabilities in children and youth. These assessments are performed at the responding clinic (on site). Not all assessments will result in a treatment. If you reported CHDP encounters on Page 7, Line 4, then you must report CHDP assessments.

LINE 6:   Enter the number of CHDTP Medical Treatments performed by the clinic. Treatment refers to Medical services done at the responding clinic as the result of an assessment.

LINE 7:   Enter the number of CHDTP Medical Referrals-Out to other clinics or providers.

LINE 8: Enter the number of CHDTP Medical Referrals-In performed by the clinic. Treatments performed because of an assessment done at another facility not directly affiliated with the responding clinic. Example: A county clinic or private physician performed the assessment but referred the treatment to the responding clinic.

LINE 9: Enter the number of CHDTP Dental Treatments performed by the clinic.

LINE 10: Enter the number of CHDTP Dental Referrals-Out to other providers.

LINE 11: Enter the number of CHDTP Dental Referrals-In performed by the clinic.

LINE 12: Enter the number of CHDTP Other Treatments performed by the clinic. "**OTHER**" refers to non-medical and non-dental.

LINE 13: Enter the number of CHDTP Other Referrals-Out to other providers.

LINE 14: Enter the number of CHDTP Other Referrals-In performed by the clinic.

TABLE K: PATIENTS BY RACE/ETHNICITY

LINES 15 through 22: Enter the number of patients in each race/ethnic category seen by the clinic during the calendar year.

LINE 23: Enter the sum of Lines 15 through 22. *Please note that this should equal Page 2, Line 19, Column 1.*

TABLE L: AGE CATEGORIES BY GENDER

Use the patient's age <u>as of June 30th</u> of the reporting period.

Number of Male Patients:

LINES 24 through 31:

    Column 1: Enter the number of male patients in each age category seen by the clinic during the calendar year.

LINE 32:

    Column 1: Enter the sum of Column 1, Lines 24 through 31. <u>Please note that the sum of Line 32, Column 1 + Column 2 must equal Page 2, Line 19, Column 1.</u>

Number of Female Patients:

LINES 24 through 31:

> **Column 2:**   Enter the number of female patients in each age category seen by the clinic during the calendar year.

LINE 32:

> **Column 2:**   Enter the sum Column 2, Lines 24 through 31. <u>Please note that the sum of Line 32, Column 1 + Column 2 must equal Page 2, Line 19, Column 1.</u>

TABLE M. POVERTY LEVEL OF UNDUPLICATED PATIENTS

Poverty level refers to: The annual income level for a family of a given size in the most recent Department of Health and Human Services Income Poverty Guidelines (Federal). *(See Attachment C for further help)*

LINE 34:   Enter the number of patients with an annual income less than 100% of the poverty level.

LINE 35:   Enter the number of patients with an annual income equal to 100-200% of the poverty level.

LINE 36:   Enter the number of patients with an annual income greater than 200% of the poverty level.

LINE 37:   Enter the sum of Lines 34 through 36. <u>Please note that this must equal Page 2, Line 19, Column 1.</u>

PROVIDERS

A. MEDICAL SERVICES PROVIDERS:

PHYSICIAN

General Practitioner	Family Practitioner
Internist	Pediatrician
Obstetrician/Gynecologist	Psychiatrist
Allergist	Cardiologist
Dermatologist	Orthopedist
Surgeon	Urologist
Ophthalmologist	Other specialists and subspecialists

NURSES: *

Clinical Nurse Specialist	Registered Nurse
Public Health Nurse	Licensed Practical Nurse
Home Health Nurse	Licensed Vocational Nurse
Visiting Nurse	Psychiatric Nurse

MID-LEVEL PRACTITIONERS: *

Certified Nurse-Midwife	Physician Assistant
Nurse Practitioner	

B. DENTAL PROVIDERS:

DENTIST

General Practitioner	Pedodontist
Oral Surgeons	Dental Hygienist
Periodontist	Oral Therapist

C. OTHER PROVIDERS:

Psychologist	Podiatrist
Psychiatric Social Worker	Physical Therapist
Licensed Clinical Social Worker	Nutritionist/Dietician
Audiologist	Optometrist
Occupational Therapist	Speech Therapist

*   Mid-level Practitioners and Nurses are considered providers ONLY when they act independently in the provisions of health care.

REPORTABLE COMMUNICABLE DISEASES
Per Title 17, California Code of Regulations,
Section 2500 and Reported to the Local Health Authority

1. Communicable Diseases

Acquired Immune Deficiency Syndrome (AIDS)
Amebiasis
Anthrax
Botulism (Infant, Foodborne, Wound)
Brucellosis
Campylobacteriosis
Cancroid
Chlamydial Infections (C. trachomatis)
Cholera
Conjunctivitis, Acute Infectious of the newborn
(Specify Etiology)
Cryptosporidiosis
Cysticercosis
Dengue
Diarrhea of the Newborn, Outbreaks
Diphtheria
Encephalitis: Viral, Bacterial, Fungal, Parasitic
(Specify Etiology)
Foodborne illness (Food Poisoning)
Giardiasis
Gonococcal Infections
Granuloma Inguinale
Hemophilus influenzas, Invasive Disease
Hepatitis A
Hepatitis B Cases and Carriers (Specify)
Hepatitis Delta (D)
Hepatitis Non-A, Non-B
Hepatitis Unspecified
Kawasaki Syndrome (Mucocutaneous Lymph Node
Syndrome)
Legionellosis
Leprosy (Hansen's Disease)
Leptospirosis
Listeriosis
Lyme Disease

Lymphogranuloma Venereum
Malaria
Measles (Rubeola)
Meningitis, Viral, Bacterial, Fungal, Parasitic
(Specify Etiology)
Meningococcal Infections
Mumps
Non-Gonococcal Urethritis (Excluding
Laboratory Confirmed Chlamydial Infections)
Pelvic Inflammatory Disease (PID)
Pertussis (Whooping Cough)
Plague
Poliomyelitis, Paralytic
Psittacosis
Q Fever, Animal Infections by ticks
Rabies, Human and Animal
Relapsing Fever
Reye Syndrome
Rheumatic Fever, Acute
Rocky Mountain Spotted Fever
Rubella (German Measles)
Salmonellosis (Other than Typhoid Fever)
Shigellosis Infection/diarrhea
Streptococcal Infections (Outbreaks and
Cases in Food Handlers and Dairy Workers
Only)
Syphilis
Tetanus
Toxic Shock Syndrome
Trichinosis
Tuberculosis
Tularemia
Typhoid Fever, Cases and Carriers
Typhus Fever
Yellow Fever

2. Non-Communicable Diseases & Conditions
Alzheimer's Disease and Related Conditions Disorders
Characterized by Lapses of Consciousness

POVERTY LEVEL GUIDELINES

Number in Family	Below 100%	100-200%	Over 200%
1	< $ 8,050	$ 8,050 - $16,100	> $16,100
2	< $10,850	$10,850 - $21,700	> $21,700
3	< $13,650	$13,650 - $27,300	> $27,300
4	< $16,450	$16,450 - $32,900	> $32,900
5	< $19,250	$19,250 - $38,500	> $38,500
6	< $22,050	$22,050 - $44,100	> $44,100
7	< $24,850	$24,850 - $49,700	> $49,700
8	< $27,650	$27,650 - $55,300	> $55,300
9	< $30,450	$30,450 - $60,900	> $60,900
10	< $33,250	$33,250 - $66,500	> $66,500

For family units with more than 10 members, add $2,800 for each additional member.

(These Poverty Income Guidelines were published in the Federal Register on February 24, 1998.)

GLOSSARY

AGRICULTURE:

Farming in all of its branches, including cultivation and tillage of the soil: the production, cultivation, growing and harvesting of any commodity grown on, in, or as an adjunct to or part of a commodity grown in, or on, the land; the production of dairy products, the raising of livestock, bees, furbearing animals, or poultry; and any practice performed by a farmer or on a farm as an incident to or in conjunction with such farming operations, including preparation for market, delivery to storage or to carriers for transportation to market.

BIRTHING SERVICES:

Labor and delivery services for pregnant women.

COMMUNITY EDUCATION:

Services of an educational or counseling nature carried out by licensed or non-licensed staff. i.e., family planning education, nutrition, parenting, or hypertension.

COUNTY MEDICAL SERVICES PROGRAM (CMSP):

A county indigent program where the county population is 300,000 persons or less.

CO-PAYMENT:

The part of the reimbursement the individual patient is responsible to pay after a third party payer has made payment.

DEPENDENTS (FAMILY MEMBERS):

A dependent is any person living in your household, as a relative or non-relative, who's gross income is less than $2,500/annually. Over one half of the dependent's total support must be provided by the head of household.

DIAGNOSTIC EQUIPMENT:

Equipment that helps the physician identify and determine the cause of an illness, i.e., X-ray equipment, CAT scanners, PET scanners, etc.

ENCOUNTER(s):

Face-to-face meeting between a patient and a _licensed or certified provider_ of health care services who exercises _independent judgement_ in the provision of health services to the individual patient. The provision of the health service _must be recorded_ in the patient's chart or the services rendered must be documented in some manner. An ENCOUNTER may take place in the clinic or at any location where clinic or project-supported activities are carried out. (See definition for On-site and Off-site Encounters.)

EXPANDED ACCESS TO PRIMARY CARE (EAPC):

A program which provides reimbursement to primary care clinics for the delivery of expanded outpatient medical services including preventive health care, smoking prevention/cessation health education, and case management services to program beneficiaries.

FARM WORKER AND DEPENDENT (s):
See Seasonal Agricultural and Migratory Workers.

FEDERAL 95-210 Clinic:
A Federally funded, fixed-rate, rural program. Only those clinics in this program need to respond to this line.

FEDERALLY QUALIFIED HEALTH CENTER (FQHC):
A federally and State-funded primary care clinic that has been accepted for global rate reimbursement by Medicare/Medi-Cal.

FQHC:
See Federally Qualified Health Center

MEDICALLY INDIGENT ADULT SERVICES PROGRAM (MISP):
A county indigent program where the county population is greater than 300,000 persons.

OFF-SITE ENCOUNTERS:
Locations that are used by the responding clinic's providers. This includes encounters that take place in a patient's home (home visits), hospitals, migrant camps, etc.

ON-SITE ENCOUNTERS:
Refers to locations that are part of the responding clinic; typically refers to the responding clinic's service site, and includes satellites or mobile vans.

OUTREACH:
Clinic staff going into the community to inform prospective patients of the availability of the clinic services and assisting patients in obtaining these services.

PATIENT(S):
A person who receives health care services from a licensed or certified provider during the calendar year.

PROVIDER:
A LICENSED or CERTIFIED individual who assumes primary responsibility for assessing the patient and exercises independent judgement as to services rendered during the encounter. See attachment "A" for a listing of Medical Providers, Dental Providers, and Other Providers.

SEASONAL AGRICULTURAL AND MIGRATORY WORKERS:

MIGRANT WORKER (includes dependents):
> An individual whose principal employment is in agriculture on a seasonal basis as opposed to year-round employment and who, for purposes of employment, DOES establish a temporary place of residence. Migrant workers live in a work area temporarily. Such employment must have been within the last twenty-four months.

SEASONAL AGRICULTURAL WORKERS (FARMWORKERS) (includes dependents):
> An individual whose principal employment is in agriculture, on a seasonal basis, as opposed to year-round employment; and who, for purposes of employment, DOES NOT establish a temporary place of residence. Seasonal workers commute to work in the area of their permanent address. Such employment must have been within the last twenty-four months

SOCIAL SERVICES:
Assessment, referral and follow-up services to assist patients with their health and social needs. They are usually provided on an ongoing basis. May include childcare, translation, legal assistance, housing, etc.

STATE LEGALIZATION IMPACT ASSISTANCE PROGRAM (SLIAG):
A program that provides funding for public assistance, public health, and educational services for newly legalized residents.

THERAPEUTIC EQUIPMENT:
Equipment that helps the provider treat and heal a patient, e.g. Lithotriptors, Linear accelerators, or Cardiac Catheterization equipment. In the context of this section, this may refer to equipment that must be anchored due to safety issues.

VOLUNTEERS:
Un-compensated staff or helpers.